

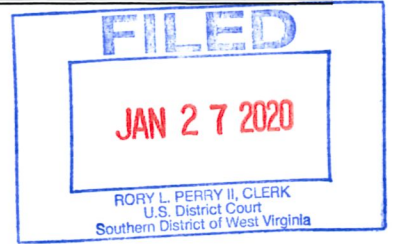
Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

Southern District of West Virginia

Bluefield Division



Franklin Tuck McVay

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

United States
Federal Bureau OF Prisons (BOP)
mid-Atlantic Regional OFFice

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

1:20-cv-00064

(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Franklin Tuck McVay

Street Address

P.O. Box 3900

City and County

Adelanto

State and Zip Code

California 92301

Telephone Number

N/A

E-mail Address

N/A

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name United States
Job or Title *(if known)* United States Department of Justice
Street Address _____
City and County _____
State and Zip Code United States
Telephone Number _____
E-mail Address *(if known)* _____

Defendant No. 2

Name Federal Bureau of Prisons
Job or Title *(if known)* Bureau of Prisons (Director)
Street Address 320 First Street N.W. - Suite 936
City and County Washington
State and Zip Code DC 20534
Telephone Number unknown
E-mail Address *(if known)* unknown

Defendant No. 3

Name Mid-Atlantic Regional Office
Job or Title *(if known)* Director
Street Address 302 Sentinel Drive - Suite 200
City and County Annapolis Junction
State and Zip Code MD 20701
Telephone Number unknown
E-mail Address *(if known)* unknown

Defendant No. 4

Name _____
Job or Title *(if known)* _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address *(if known)* _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

(Fourth) Admendment Violation: Search And Seizures
(Eighth) Admendment Violation: Cruel And unusual Punishment
(Fourteenth) Amendment Violation: Due Process; Equal Protection

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the
State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(Decedent)(medical Physician) William Goode did the Following: while being Forcefully restrained to a medical Stretcher, I was then injected with an unknown Drug and Stripped of all clothing except for underwear. Then William Goode, with unconsented and refused Permission, Proceeded in Physically grabbing my genital appendage (Penis) while inserting a straight Catheter for an unconsented Drug Test. No choice or opportunity to urinate on my own Free will was given. (See ATTACHMENTS).

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I'm seeking Monetary damages in the amount of \$5,000,000.00 (Five million dollars) For, Personal injuries, the wrongful act, Deliberate indifference to my medical needs (seizure Disability), For being FORCED to Endure having a "Catheter" used against my wishes and Refusal For (documented) Drug Test, For being "Sexually" Assaulted by (Doctor) William Goode.

I'm seeking \$200,000.00 (Two hundred Thousand dollars) in Punitive damages For Due Process rights Violation OF being DENIED The right to Prove Innocences OF Falsified incident report OF "USE OF NARCOTICS", For the (FBOP) And Regional Office rejecting Filed PREA and Grievances, For Pain And suffering, Distress, Humiliation,

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

Franklin T. McVay
Franklin T. McVay

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

- 1.) On June 16, 2017, while being Fully restrained to a medical Stretcher in the medical department OF (emphasis Added) FCT-McDowell, I was Strip OF all Clothing Except For underwear. Then I was injected with an unknown drug.
- 2.) Dr. William Goode, who was the medical Care Provider, then approached me with a Urine Test Cup and Said that I needed to Submit to a Urine test. I replied that I did NOT have to pee. and his response was "I've got Something that'll make you pee real quick" he then instructed a Female nurse, who name is unknown, to bring him a Catheter, She Complied. I made it very Clear to Dr. William Good That I "Refused" and NOT to touch my Penis.
- 3.) After being told that I didn't have a Choice he then, Physically, reached inside my underwear and pulled out my Penis and Forced a Catheter inside my Penis in Front OF the Female nurse Showing unjustified determination and medical indifference to my true medical needs and/or Seizure disability.
- 4.) in regards to my inmate rights I immediately Filed a P.RE.A.- (Prison Rape Elimination Act.) Complaint and Filed Several Administrative Remedy Complaint(s) and Submitted them at the institutional level to the (Previous) warden who then directed me to Submit Said Complaint(s) to the Mid-Atlantic Regional OFFice, to those in a higher Position OF authority. Records and/or Federal documents will verify that Said grievance's were rejected or Closed.

Statement OF Claim (Attachment #2.)

- 5.) Before being Found Guilty For USE OF NARCOTICS.
I asked the DHO (Discipline Hearing Officer) For an Extension until I can have the Chance to Prove my innocents and Drug Test Results (which were Negative) I was quickly denied and Found Guilty of the Said Prohibited Act, Sanction(s) Consisted OF: Loss OF Good-Conduct Time, Discipline Segregation and a Monetary Fine.
On 6/23rd/2017.
- 6.) My Forced drug test Came back From -Lab Corps OF America- the results were NEGATIVE For any use OF Synthetic or Common drugs. On 7/6th/17.
- 7.) I then Sent an appeal to the Mid-Atlantic Regional Office to appeal and Show that there has been an Obvious Conflict between - Personal interest and Federal Policy Moral Principles has been overcome by False allegations
- 8.) it is Acknowledged that the duties performed by Dr. William Good, Federal Bureau OF Prisons and by the Mid-Atlantic Regional Office and/or employee's OF Said agency were on behalf OF the United States.
- 9.) I was Sexually assaulted, Physically assaulted, Humiliated, Embarrassed and I had to Endure Pain and Suffering while in Federal Custody.
my 4th, 8th and 14th Amendment Constitutional Rights and Human Rights were Violated.